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## Certificate of Facsimile Transmission

I hereby certify that the attached RCE Transmittal (2 pages), Response to the Final Office Action dated June 2, 2005 (6 pages) and PTO Form 2038 authorizing credit card payment of \$790.00 for the RCE filing fee (1 page) are being transmitted to the United States Patent and Trademark Office via facsimile number (571) 273-8300 on the date shown below. (Total number of pages transmitted is 9, including this one).

  
Stormi R. Davis

Date: September 2, 2005

RESPONSE UNDER 37 CFR 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 2813PATENT APPLICATION  
Doc. No.: 9903-086  
Client Ref. No.: S00US006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jong-Kon CHOI

Serial No.: 10/761,835 Examiner: Mitchell, James M.

Filed: January 20, 2004 Group Art Unit: 2813

Confirmation No.: 4066

For: DIGITAL MICRO-MIRROR DEVICE (DMD) PACKAGES

## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

## 1. Submission required under 37 CF.R. § 1.114

a. ☐ Previously submitted:

09/07/2005 TL0111 00000013 10761835

01 FC:1801

790.00 OP

b. ☒ Enclosed is:☒ Amendment/Reply

## 2. Miscellaneous

## 3. Fees: (Note: The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed)

- ☒ RCE fee required under 37 C.F.R. § 1.17(e)  
☐ \$395 small entity  
☒ \$790 large entity

(Large entity)

CLAIMS AS AMENDED					
For:	Number After Amendment	Previous Number	Extra	Rate	Additional Fee
Total Claims	10	5	0	x \$50 =	\$0
Independent Claims	2	1	0	x \$200 =	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☐ Extension of time fee (37 C.F.R. §§1.136 and 1.17)
- |  |                                |                                 |
|--|--------------------------------|---------------------------------|
|  | small entity                   | large entity                    |
| <input type="checkbox"/> Extension of Time - 1 <sup>st</sup> | <input type="checkbox"/> \$60  | <input type="checkbox"/> \$120  |
| <input type="checkbox"/> Extension of Time - 2 <sup>nd</sup> | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$450  |
| <input type="checkbox"/> Extension of Time - 3 <sup>rd</sup> | <input type="checkbox"/> \$510 | <input type="checkbox"/> \$1020 |
- ☐ Suspension of application fee (37 C.F.R. § 1.17(i))--\$130
- ☒ PTO Form 2038 authorizing credit card payment is attached.
- ☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703.

Customer No. 20575

Respectfully submitted,

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